Through Health Officer, per.....

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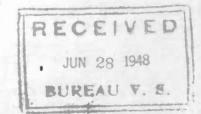
hour

70 live

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF STEEL BIRTH &DEATH Dist. No.... A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub) 2. USUAL RESIDENCE OF MOTHER: 1. PLACE OF BIRTH: County Garrett State Maryland City or town Rural-Kitzmiller (If outside city or town limits, write RURAL and give nearest town) County Garrett City or town Rural-Kitzmiller Street address, hospital, or institution: (If outside city or town limits, write RURAL and give nearest town Peerless Hill Street No. Peerless Hill (If RURAL give LOCATION) 3. Name of child Allen Eugene Anderson 4. Date of birth April 24 1948 Hour 3:15A.M. 5. Sex. Male 6. Twin or triplet...... 7. No. of weeks pregnancy 35 FATHER OF CHILD MOTHER OF CHILD 8. Full name Wylie William Anderson 12. Full maiden name Velma Arbutus Hipp 13. Color white 14. Age at time of this birth .... 36 ... yrs. 9. Color white 10. Age at time of this birth. 48 yrs. 11. Usual occupation Miner 15. Usual occupation... Housekeeper 16. Other children born to mother (not including present child): (a) How many children of this mother are now living?...12... 21. Cause of stillbirth. Please be specific. For terms like 17. Did child die before labor? ... no ... During labor? .. no ... prematurity, asphyxia, etc., try to add cause thereof. 18. Pregnancy, complications of none. (a) Fetal causes ... Blue Baby (Heart). 19. Labor: (a) Complications of none (b) Maternal causes (b) Induced? no I certify to the birth of this child who was born down 22. I certify to the birth of this child 100 the date and hour above stated. 20. (a) Was there an operation for delivery?.... no. (b) State all operations, if any none (Specify II M.D., midwife, or other (c) Did child die before operation? Address Kitzmiller, Maryland. During operation? 23. (a) Burial (b) Date thereof April 25, 19 &. (Burial, cremation or removal) (Registrar) (c) Cemetery or crematory Kalbaugh Cemetery (To be filled out if no physician was present at delivery.) 24. (a) Funeral director Otha F. Sharpless has been examined by me. (b) Address Blaine, West Va.

\* See Instruction C on stub.



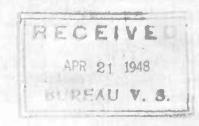
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46.6

03902

1. PLACE OF DEATH: County Garrett				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town			and.	State Maryland, County Garrett	
(If outsi	ide eity or town li	mits, write R	URAL and give nearest town)	City or town	
How long in above place of d Nospital, institution, or stre	leath?	doub occurred	W.III.C. •	(If outside city or town limits, write RURAL and give nearest town)	
				Street No.	
				(If rural, give LOCATION)	
How long in hospital or ins	titution?			2.(a) If veteran, name war	
3. (a) FULL NAME				3. (b) Social Security Number	
Si.	las Arn	old.		None	
4. Sex   5.	Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION A.M.	_
Male	White	Wi	dower	20. DATE OF DEATH April 9th 19 48 219: 10	
	-	1		20. ONLE OF DEATH.	N
6.(b) Name of husband or w	***************************************		izabeth Arnold	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
D.	eceased	6.(0	e) If alive, give ageyears	1948 to La 4744 1948	1
7. Birth date of deceased (mo., day, yr.)	Oct 3t	h 18	6	and that I last saw h	<u></u>
8. AGE: Years	Months	Cays	I It less than one day	Immediate cause of death Courses of from OURATION	
78	6	0	hrsmin.	- South	
Garr	ett Cou	ntv.		Que to.	••••
9. Birthplace	(Town,	county, and s		Oue to	
1D. Usual occupation	Retire	d Car	penter.		****
				Due to	••••
11. Industry or business	shingto	n Arn	016.		
12. Name Washington Arnold.  13. Birthplace Garrett County.			***************************************	Diher conditions.	
	Garrett			(Include pregnancy within 3 months of death)	
14. Maiden name	Cathe	rine	Wolfe.		
15. Birthplace G	arrett	Count.	V.	Major findings of operations.	
	s. Nell			Oate of op.	
16. Intermant				PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address			ryland.		
17. B	urial	Date there	(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or				Accident, suicide, or homicide	
Cemetery or crematory Fairview Cemetery.			Cemetery.	Where did injury occur? (City or town) (County) (State)	
Location Near	Table	Rock,	Maryland.	Injured at home, farm, industry, public place (where?)	
5		1 19	Baldon	Means of Injury Injured at work?	
18. Funeral director.	no	7.10	100 care	1 1 0 00	
Address Ra	telak	P	· sud.	Workens V. W.D.	
4/11/	48	X	eli (1 Haym)	23. SIGNATURE. M.D. or other	
(Date rec'd by registr		. //	Registrar	I delena ( ) als letter of gots along M. I.	



9-45-15M

A15 SN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83 a

1. PLACE OF DE	ATH:		(For newborn infants give residence of	mother)	
County Garrett	Take Pork		State Maryland Cou	Allegany	
City or town	outside city or town lin	mits, write RURAL and give nearest town)	Combon and		
How long in above place	e of death?7.	Days	(II outside city or town limits	, write RURAL and give near	
Hospital, Institution, or	r street address where t	feath occurred:	Street No. 211 Charles St.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Kiser Nur	sing Home		(If rural, give		
How long in hospital o	r institution?7.	Days	2.(a) It veteran, name war	••••••	
3. (a) FULL NAM	E			3. (b) Social Security N	umber
John BIRMI	NGHAM				
4. Sex	5. Color or race	8.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male	white	married	20. DATE OF DEATH 21 April	19.48	12:00N.M
a (b) None of bush and	Jennie	Birmingham	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceas	ed trom
R.(O) Mame of nuspanu	Of Mile Contraction	70	15 April 19	48 to 21 April	19.48
7 Ririh date of			and that I last saw h. imalive on19	April	19.48
deceased (mo., day,	yr.) November	12, 1868	Immediate cause of deathSenility &	nd General	DURATION
8. AGE: Year	s Months	Days If less than one day	Debility		
79	2	9mln.			
9. Birthplace?	Altimore (Town	Baloco Maryland	Due to "Stroke" on 7 Jan		***************************************
10. Usual occupatio			Due to		
11. Industry or busines	ss . · ·	3			
E 12 Name ?	Daniel	Sirringham	Other conditions	***************************************	
13. Birthplace	IvelA				
The second secon			(Include pregnancy within 3		
王 14. Malden name.	ELLEN	Conners	Major findings of operations. None		
14. Malden name.	IvelAN	c			
		rmingham	Autono conte Not done		
			PHYSICIAN: Please underline the cause to w	hich death should he charged st	tatistically.
-	1	Md. Kiser Home	22. VIOLENCE: it death was due to external ca	uses, fill in the tollowing;	
17 BUNI	n, or removal. Which?)	Date thereot. 4/~3/48	Accident, suicide, or homicide		
(Burial, cremation	n, or removal. Which?)				
Cemetery or cremat	10ry 51. Pa	trick lenetery	Where did injury occur?(City or town)		
Location	mberlan	el, led.	injured at home, farm, industry, public place (w	here?)	
	1. 11	Ni al. +	Means of injury	Injured at work?	
18. Funeral director			01	- 10 1	
Address	u berla	ud Mul.	as signature House as	a sustr	1 -
4/22	1 45	Telia Illaw	Thomas F. Lusby M.	D. M. D. 9	other
19. (Date rec'd by r	egistrar)	Registrar	Address Oakland Md.		Apr.48

RECEIVED

ussel .

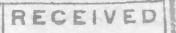
MAY 8 1948

2411 N. Charles St., Baltimore

940

03904

( in ) in	CERTIFICAT	TE OF DEATH Reg. Dist. No	
supplied	1. PLACE OF DEATH: STUTY THE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
pe	City or town (If outside city or town limits, write RURAL NEAR and give town)  Street address, hospital, or institution:	State County County County County City or town Ill and Toutside city or town limits, write RURAL NEAR and give to	rd No. 11
cared d legi	Stay in hospital or inst. (yrs., or mos., or days)	Street No(If rural give LOCATION)	
uld	Stay In this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR	
INDING of information should carefully ses of death clearly and legibly.	3. (a) FULL NAME John Calvin Con	edeling for 3. (b) Social Security M	Number
ING Informat f death	4. Sex 15. Color or race 6.(4) Single market, widowed, or diverced Wishows	MEDICAL CERTIFICATION  20. DATE OF DEATH 19 X 1	, at 8:10 M
a an	6 (b) Name of husband or wife6(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended decea	19,
FOR B	7. Birth date of deceased (mo., day, yr.) Jane 114 - 1874	and that I last saw h and all re on X eb 10	19.4.6
0 0	8. AGE: Years Months Days If less than one day	Immediate cause of death Coron ary Thrombusis	5 mm
RESERVED  G INK. Eve	9. Birthplace (Town, sounty, and state)	Due to Arterias clexasis	
	10. Usual occupation 11. Industry or business	Due fo	
MARGIN UNFADIN	12. Name Talen from leadering from  13. Birthplace	Dther conditions	
TH U tant.	14. Malden name TORTS  15. Birthplace  7711	(Include pregnancy within 3 months of death) Major findings:	PHYSICIAN
WITH mportant	18. Informant Or Val Codding for	Of operations	Please underline the cause to which death should be charged statisti-
	Address Friends wille mil	Df autopsy	cally.
PLAINLY especially	17. (Burial, organism of temporal Which?)  Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
	Cemetery or crematory Typenels wells	Where dld injury occur?(City or town) (County)	(State)
WRITE ect age is	Location Therefore wells	Injured at home, farm, industry, public place (where?)	
and the same of th	18. Funeral director	Means of Injury Injured at work?	
EASE	Address Friends silke MK	23. SIGNATURE \$6. & Slove, M.J.	
P	19, Usul 6 19.48 Xathryn Fike Registrar	Address griendsville Nd Date signed	1.1.1.0



APR 10 1948

1. PLACE OF DEATH:

3. (a) FULL NAME

Female

8. AGE:

6.(b) Name of husband or wife.

10. Usual occupation.....

11. Industry or business

13. Birthplace

Burial

(Late reo'd by registrar)

Cemetery or crematory

18. Funeral director ....

Address

(Burial, cremation, or removal, Which?)

14. Malden na 15. Birthplace

94

Mt. Lake

Now long in hospital or institution?.....

Hospital, Institution, or street address where death occurred:

5. Color or race

White

deceased (mo., day, yr.) December 19, 1853

Garrett Co., Md.

(Town, county, and state)
House Wife

Own Home

Martha Harvey

Short Run Cemetery

Silas Walters

Unknown

Unknown Robert Collins

Deer Park, Md.

Oakland

Park

Julia Elzara Collins

(If outside city or town limits, write RURAL and give nearest town)

George Collins

6.(a) Single, married, widowed, or divorced

If less than one day

(month) (day) (year)

Widowed

# WITH UNF important. PLAINLY, is especially PLEASE WRITE

especially

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03905

## CERTIFICA

2. USUAL RESIDENCE (HOM)	E) OF DECEASED:	
<ol> <li>USUAL RESIDENCE (HOM)</li> <li>(For newborn infants give resident</li> </ol>	nce of mother)	
Maryland.	County Garrett	
Mt. Lake F	ark	
	limits, write RURAL and give nearest town)	
Street No		
	, give LOCATION)	
2.(a) It veteran, name war		
	3. (b) Social Security Number	
MEDICA	L CERTIFICATION	
20. DATE OF DEATH April 4,	19 <sup>48</sup> ,al 8:4	10
	ate above stated; that I allegded deceased from	
manch 200	1948 10 Bhril 4- 15	4
and that I last saw h. 47aliye on	pril 2 md	49
I and into some of death control	OUNTER OF THE PROPERTY OF THE	ATIDI
Dangreen og B	ath heed	
The state of the s		
Senditi		******
Due to.		
Due to		
Diher conditions		******
(Inclode pregoancy wit	hin 2 months of death)	
all and the same of the same o		
Major findings of operations		
	Date of op	
Autopsy results	to which death should be charged atatistically	
22. VIOLENCE: It death was due to exter	The state of the s	
Accident, suicide, or homicide	Dale of	
Where did injury occur?(City or t	town) (County) (State)	. * * * * * * *
Injured at home, tarm, industry, public pla	ace (where?)	
Means of Injury	Injured at work?	
23 SIGNATURE ALVINE		
23. SIGNATURE.	M. D. or other	/
Address Dale Auch	MA Date signed 4/4/4/1	18



HOLDER TO THE RESIDENCE TO THE RESIDENCE

APR 21 1948

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03906 Reg. Dist. No. 163

1. PLACE OF DEA	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Garrett.				state Maryland County Garre	<b>+</b> +
City or town	estnut Gr	OVE.	URAL and give nearest town)		
How look in above since	of death? Na	tive.		City or town Chestnut Grove. (If outside city or town limits, write RURAL and give	nearest town)
Hospital, Institution, or	street address where d	eath occurred	**************************************		,
				Street No. (If rural, give LOCATION)	
How long in hospital or	Institution?			2.(a) If veteran, name war	
3. (a) FULL NAME	E			3. (b) Social Secur	ity Number
		77	Donal a	0.(0)	,
	Mary H		Pavis.		
4. Sex		8.(4)3ingii		MEDICAL CERTIFICATION	
Female	White		Widowed.	20. DATE OF DEATH 4-26-48. 19	.8:30P
	_				
6.(b) Name of husband	or wifeJa	mes (	. Pavis.	21. I CERTIFY that death occurred on the date above stated: that I attended	
		8.6	e) It alive, give ageyears	15 15	19.20
7. Birth date of				and that I last saw h As alive on 4	18. 4
deceased (mo., day, y		1861		Immediate cause of death	9 DUSTATION
8. AGE: Years	Months	Days	It less than one day	Mys Carles degentes	7/10
87			hrsmin.		
	(1) +	0	263		Cla
9. Birthplace	Chestnut	JION	re, Md.	Due to the second of the secon	0/1/0
				Torres !	
10. Usual occupation	Hou	PEMTI	E.•	Due to.	
11. Industry or busines:	s				10 40
当 12. Name	Moses T	'i chne	11.	Biher conditions / tomo Deleusin	
E	Do not				
-				(Include pregnancy within 3 months of death)	
14. Malden name.	No not			Major findings of operations.	
14. Malden name.	No not	know.			
and 13. Buttipliace	well !	1.11	. 001	- Date of op	
16. Informant		heh	mell:	Autopsy results	J. at-tietteeffer
Address	Chestnut	Grov	re, Md.	PHYSICIAN: Please underline the cause to which death should be coar	ged statistically.
	ni o 1		1 20 10	22. VIOLENCE: if death was due to external causes, fill in the following;	
17. DU.	rial.	Date ther	(month) (day) (year)	Accident, suicide, or homicide	
		hnoll	(======	Where did injury occur?	
Cemetery oxxxxx Tichnell				(City or town) (County)	(State)
Location Che	estnut Gr	ove,	Md.	Injured at home, tarm, industry, public place (where?)	
	w. Han			Means of Injury Injured at work?	
18. Funeral director			Macros Am.		99
Address Piedmont, West Va.				arecti Ollohush /r	N 1.
11/20	ulad ud Dun Itt.			23, SIGNATURE M.	D. or other e MC
19. 7	1976	- 1.2	Registrar	1 where the Bate olon	nad 7/38 XX



e correct age

# WRITE PLAINLY, is especially PLEASE VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

County Garrett City or town. ((Founded city or corn limits, write RURAL and cive nearest town)  Life time Sove long in above place of dealth.  Life time Sove long in above place of dealth.  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time ((Founded city or town limits, write RURAL and give nearest town)  Life time time time time time time time town limits, write RURAL and give nearest town)  Life time time time time time time time tim	CERT	IFICATE OF DEATH  Reg. Dist. No.
State   Maryland   County Garrett   County   County Garrett   County   County Garrett   County   Cou	1. PLACE OF DEATH:	
Sires 180.  Sires	County	
Second processes   Content of Seco	City or town Near Deer Park, Maryland.	
Siret No.   Social Security Number   Siret No.   (If rural, give LOCATION)	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	City or town Near Deer Park, Maryland
Siret 86. ((frural, give LOCATION)  3. (a) FULL NAME  Hiram Colfax DeWitt.  4. Set  S. Color or race  6. (0) Single, married, widness, or divorced  Male  White  Married.  5. (6) Hame of busband or wife  Vernie DeWitt.  6. (6) Hame of busband or wife  Vernie DeWitt.  5. (6) Hame of busband or wife  Vernie DeWitt.  5. (6) Hame of busband or wife  Crown, county, and state)  78   1   24	them tought and the second and the s	(If outside city or town limits, write RURAL and give nearest town)
Asset S. Solver or race S. (co) Biglies, married, videwed, or divorced Male White Mirried.  5. Solver or race S. (co) Biglies, married, videwed, or divorced Male White Mirried.  5. (co) Name of hurbhard or wife Vernie DeWitt.  5. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  6. (co) Name of hurbhard or wife Vernie DeWitt.  7 (count, correct or hurbhard or wife States)  6. (co) Name of hurbhard or wife States In Sta	nospital, mainging, of affect aggress where goals occasion	
3. (a) FULL NAME  Hiram Colfax DeWitt.  See S. Color or race S. Color or r	P. J I- Carellal and Jackin. Nam 2	
HITAIN COLFAX DeWitt.  6. Sex		
Male White Married.  5. Color or race Mary lead.  6. Color or race Mary lead.  7. Surface Mary lead.  7. Color or race or ra		
Male White Married.  6.(0) Name of husband or wife Vernie DeWitt.  7. Brit date of deceased (mo., day, yr.) April 18th, 1860  8. AGE: Years Months Days If less than one day 78 11 24		
8. (b) Name of husband or wife    S. (c) If alive, give age   S. (d) If alive on Called and give alive and for alive and give alive and for alive and give alive and for a	4. Sex 5. Color or race 6.(a)Single, married, widowed, or di	MEDICAL CERTIFICATION A.M.
5. (b) Name of husband or wife Vernie DeWitt.  5. (c) If alive, give age G.O. years deceased flow, day, yr.) April 18th, 1869  8. AGE: Years Months Oays If less than one day 78 ll 24 hrs. min.  9. Birthplace Garrett County, Hoyes, Maryla 11. Industry or business 12. Kame Archibald DeWitt.  11. Industry or business 12. Kame Archibald DeWitt.  13. Maidee name Ellen Chambers.  14. Maidee name Ellen Chambers.  15. Informant Mrs. Vernie DeWitt.  16. Informant Mrs. Vernie DeWitt.  17. Burial  18. Maidee name Deer Park Md Address Deer Park Md Deer Park Md Address Deer Park Md Address Deer Park Md Address Deer Park Md All Maryland.  18. Fueral director or remajory Paradise Church Cemetery.  18. Location Near Deer Park, Maryland.  18. Fueral director 2011 12 Address Addr	Male White Murried.	
7. Birth date of deceased (mo., day, yr.) April 18th, 1869  8. AGE: Years Months Oays If less than one day 78 11 24	Vernie DeWitt	
1. Self-in date of deceased (mo, day, yr.)  April 18th, 1860  8. AGE: Years Months Oays If less than one day  78 11 24	D.(U) Ratile Us hasband Of wife	tam 10 48 What I U 10 4
Address Deer Park Md.  18. Honeral director County Near Deer Park, Maryland.  19. Former Paradise Church Cemetery or cremator, or removal, Which)  19. Commetery or crematory Paradise Church Cemetery or crematory Paradise Church Cemetery or crematory Near Deer Park, Maryland.  19. Former Paradise Church Cemetery or County Near Deer Park, Maryland.  10. Usual director County.  11. Industry or business  12. Name Archibald DeWitt.  14. Maideen name Due Garrett County.  15. Birthplace Garrett County.  16. Informant Mrs. Vernie DeWitt.  Address Deer Park Md.  17. Burial Bate thereof. April 14.48 (month) (day) (year) (County) (State) (County) (State) (Injured at home, farm, Industry, public place (where?) (State) (Injured at home, farm, Industry, public place (where?) (Manno of Injury Injured at work?)  18. Funeral director County (State) (April Address Church Cemetery or crematory public place (where?) (Manno of Injury Injured at work?)  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		. vears
8. AGE: Years Months Oays If less than one day 78 11 24	f. Birth date of	and that I last caw h 1
Gerrett County, Hoyes, Maryland to Usual occupation.  Gerrett County, Hoyes, Maryland to Usual occupation.  Farmer.  Oue fo.  Other conditions  Major findings of operations.  Other conditions		Immediate cause of death
9. Birthplace Garrett County, Hoyes, Maryland 10. Usual occupation.  Farmer.  10. Usual occupation.  Farmer.  11. Industry or business  12. Name Archibald DeWitt.  13. Birthplace Garrett County.  14. Maiden name Ellen Chambers.  15. Birthplace Garrett County.  16. Informant Mrs. Vernie DeWütt.  Address Deer Park Md.  17. Burial Bate thereof April 14/48  (Burial, cremation, or removal. Which?)  Cemetery or crematory.  Paradise Church Cemetery.  Near Deer Park, Maryland.  18. Funeral director Temoval.  Near Deer Park, Maryland.  18. Funeral director Temoval.  Maint findings of uperations.  Major findings of uperati	78 11 24hrs	min A
(Town, county, and state) Farmer.  11. Industry or business  12. Name Archibald DeWitt.  13. Birthplace Garrett County.  14. Maiden name.  15. Birthplace Garrett County.  16. Informant Mrs. Vernie DeWitt.  Address Deer Park Md.  17. Burial 18. Burial 19. Date thereof. April 14/48 (month) (day) (year) (cametery or crematory, Paradise Church Cemetery.  Near Deer Park, Maryland.  18. Funeral director Paradise Church Cemetery.  Address Church Cemetery.  Near Deer Park, Maryland.  18. Funeral director Paradise Church Cemetery.  Address Addre		
10. Usual occupation. Farmer.  11. Industry or business    12. Name.	(Town county and state)	mary ration to the state of the
11. Industry or business    12. Name	Farmer.	
12. Name		Que fo
13. Birthplace Garrett County.  14. Maiden name. Ellen Chambers.  15. Birthplace Garrett County.  16. Informant. Mrs. Vernie DeWott.  Address Deer Park Md.  17. Burial Date thereof. April 14/48 (month) (day) (year)  Cemetery or crematory. Paradise Church Cemetery.  Localion Near Deer Park, Maryland.  18. Funeral director Easter Date of Date of op.  Major findings of operations.  Address Deer Park Md.  22. VIOLENCE: If death was due fo external causes, fill in the following:  Accident, suicide, or homicide. Date of .  Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Maans of Injury Injured at work?  23. SIGNATURE.  M. D. crother M. D. Crohn M. D. Crother M. D. Crother M. D. Crother M. D. Crother M. D.		
14. Maiden name   Ellen Chambers.   (Include pregnancy within 3 months of death)	E 12. Name Architoata Dewitt.	Other conditions
14. Maiden name Effect Chambers.  15. Birthplace Garrett County.  16. Informant Deer Park Md.  17. Burial Date thereof April 14/48 (Burial, cremation, or removal. Which?)  18. Funeral director Paradise Church Cemetery.  19. The state of the cause to which death should be charged statistically.  19. Major findings of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due fo external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Major findings of operations.  24. VIOLENCE: If death was due fo external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Major findings of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Maddress Accident, suicide, or homicide.  Means of injury injured at work?  23. Signature.  24. Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Means of injury occur?  24. Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  25. VIOLENCE: If death was due fo external causes, fill in the following:  Accident, suicide, or homicide.  Material PHYSICIAN: Please underline the cause to which death should be charged statistically.  26. VIOLENCE: If death was due fo external causes, fill in the following:  Accident, suicide, or h		
16. Informant Mrs. Vernie DeWott.  Address Deer Park Md.  17. Burial Bate thereof April 14/48 (Burial, cremation, or removal, Which?)  Cemetery or crematory Paradise Church Cemetery.  Location Near Deer Park, Maryland.  18. Funeral director 2007 D.	Ellen Chambers.	(Include pregnancy within 3 months of death)
16. Informant Mrs. Vernie DeWott.  Address Deer Park Md.  17. Burial Bate thereof April 14/48 (Burial, cremation, or removal, Which?)  Cemetery or crematory Paradise Church Cemetery.  Location Near Deer Park, Maryland.  18. Funeral director 2007 D. 19 Address Ad	Garrett County	
Address  Deer Park Md.  Burial  Burial  Bate thereof April 14/48  (Burial, cremation, or removal. Which?)  Cemetery or crematory  Paradise Church Cemetery.  Location  Near Deer Park, Maryland.  Bellian County  Means of Injury  Physician: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due fo external causes, fill in the following;  Accident, suicide, or homicide.  Where did Injury occur?  (City or town)  (County)  (County)  (State)  Means of Injury  Injured at work?  23. SIGNATURE  23. SIGNATURE		Date of op.
Address Deer Fark Md.  Burial  Burial  Bate thereof April 14/48  (Burial, cremation, or removal. Which?)  Cemetery or crematory  Paradise Church Cemetery.  Location  Near Deer Park, Maryland.  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  Means of injury  18. Funeral director 2002  Address Calculut Md.  Ad	10. Intuition L	
Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory  Near Deer Park, Maryland.  18. Funeral director 2 11 12 13 15 15 15 11 11 11 11 11 11 11 11 11 11	Address Deer Park Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Which?)  Cemetery or crematory.  Near Deer Park, Maryland.  Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  Address Calculus Maryland.		A /A ? 22. VIOLENCE: If death was due fo external causes, fill in the following;
Cemetery or crematory. Paradise Church Cemetery.  Near Deer Park, Maryland.  Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  Means of Injury  23. SIGNATURE  M. D. or other	(Burial, cremation, or removal. Which?) (month) (day	) (year) Accident, suicide, or homicide
Near Deer Park, Maryland.  Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  Means of Injury  Injured at work?  23. SIGNATURE  M. D. or other R.	Paradise Church Comet	ery. Where did injury occur?
18. Funeral director Zentroy D. Bolden.  Address Robband. Md.  19. 7 14 18 48 whis a famon  Means of Injury  Injured at work?  23. SIGNATURE.  M. D. or other R.		(City or town) (County) (State)
Address Calculated. Md.  18. 7 14 18 48 whi a framm  23. SIGNATURE Malle Culurbully 20. M. D. grather	Location	Injured at none; rain; medally, pad c pract (wherety
Address Roblated. Md. 23. SIGNATURE. Malfile Calarylla 2. M. D. orother 19. 4 14 18 48 whi a famon	18. Funeral director Zurroy D. 19old	Reac. Means of Injury Injured at work?
19. 7 14 19 48 Julia a framan 23. SIGNATURE.  M. D. or other W.	1) 1 0 V W mil	Mullo Calundalla 20
19, 1, 19	4/14/ 49/1.06	M D or other
	19. The rec'd by registrar)	Registrar Address Committee Me Date signed Charle (1)

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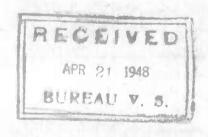
PLEASE WRITE PLAINLY,

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County. Garrett  City or town. near Gorman, Md.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 47 years  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For physhorn infants of exercise of mother)  State
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ephiram Mcainley Kuhn.	nene
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Male   Single	MEDICAL CERTIFICATION  20. DATE OF DEATH. A PUL 3 1918 215 60 P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the data above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.) September 7th, 1896	and that I last saw hative on
8. AGE: Years Months Days It less than one day  51 6 20hrsmin.	Immediate cause of death DURATION  The Company (Right)  DURATION
9. Birthplace. Schell, West Va.  (Town, county, and state) Farmer	Due to Kiek Hy hors
11. Industry or business	
12. Name William Summer Kuhn.  13. Birthplace West Virginia.	Dther conditions.
	(Include pregnancy within 3 months of death)
H. Maiden name Agnes T. Shillingburg.  14. Maiden name Agnes T. Shillingburg.  15. Birthplace Mt. Storm, W. Va.	Major findings of operations
16. Intermant Mrs. Cecelia Silfies.  Address Fredericktown, Pa. R.D. 1	Autopsy results
Burial  Burial Date thereot April 6/48  (Burial, cremation, or removal, Which?)  Cemetery or crematory Fairview Cemetery.	22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide.  Whera did injury occur?  (City or town)  (County)  (State)
Location Near Bayard, Md.	Injured at home, tarm, industry, public place (where?) farm.  Maans of Injury ( Les Kor Ly hours' injured at work? Two
18. Funeral director Address Patel Con al. Wild-  19. # Shows Shoffer	23. SIGNATURE & J. Sammer man Sept. Med,  M. D. or other 148



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No.

DURATION

# CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Maryland (If outside city or town limits, write RURAL and give nearest town miles west of Barton

MEDICAL CERTIFICATION

. (a)	FULL NAME	ELIZABETH H	LAYTO

June

10 Moscow, Allegany,

Domestic

Lavton

known

Own home

unknown

not known John Layton

(Town, county, and state)

Barton. Maryland

Lawrence Broadwater

7 miles west of Barton

Hospital, Institution, or street address where death occurred:

5 miles west of Barton

5. Color or race

Garrett

years

6.(a) Single, married, widowed, or divorced

Single

6.(c) If alive, give age ...

If less than one d

1. PLACE OF DEATH:

How long in above place of death?.

How long in hospital or institution?

Female

7. Birth date of

8. AGE:

deceased (mo., day, yr.)

1D. Usual occupation.

13. Birthplace

14. Maiden name

14. Maiden na 15. Birthplace

16. Informant...

Address

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eter

(Burial, cremation, or removal, Which?)

not

3. (b) Social Security Number

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years	/In
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	Dther conditions
	(Include pregnancy within 3 months of death)
	Major findings of operations
	Date of op
	Autopsy results
1948	22. VIOLENCE: If death was due to external causes, till in the tollowing
rear)	Accident, suicide, or homicide
m.	Where did Injury occur?
Ma .	Injured at home farm Industry public place (where?)

		of	op
ODSY	results		

ISICIAN: Please underline the cause to which death should be charged statistically.

Accident, suicide, or homicide	Date ot
Mile and All Sulaway and and	

Whare	did Injury	occur?	(City or town)	(County)	(State)

injured at itomie, Larmi, sud	nama' han brace	(MIRELE 1)	
Mann at Injury			Injured at work?

23 SIGNATURE	eeu	la	mil	
200	1	1000		d. D. pr other

Ellsworth S. Boal Westernport. Maryland Address (Date rec'd by registrar) Registrar

WRITE PLEASE

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correct age

important.

PLAINLY, vis especially

WRITE

PLEASE

CERTIFICATE OF DEATH

	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  Garrett
	State County
	Mt. Lake Park  (If outside city or town limits, write RURAL and give nearest town)
l	Street No.
i	
ł	(If rural, give LOCATION)
ì	
1	2.(a) If veteran, name war

1. PLACE OF DEATH:

How long in above place of death?

How long in hospital or institution?...

(Date rec'd by registrar)

Lake

Hospital, Institution, or street address where death occurred:

3. (b) Social Security Number
and pull paid paid and
MEDICAL CERTIFICATION

.48	7:45A	

3. (a) FULL NAME				
Philo Tho	mpson L			
4, Sex 5. Co	olor or race	6.(a)Single,	, married, widowed, or divorced	
	White			
6.(b) Name of husband or wife	Jennie	M. I	Lipscomb	
7. Birth date of deceased (mo., day, yr.)	October	14,	1862	
8. AGE: Years 85	Months	Days	If less than one dayhrsmin.	
Preston Co., W. Va.  9. Birthplace (Town, county, and atate) Carpenter  10. Usual occupation Woodworking				
Joshua Lipscomb 12. Name Preston Co., W. Va.				
14. Malden name Garrett Co., Md.				
18. Informant  Mrs. Harry Nicholson  Address Mt. Lake Park, Md.				
Burial April 9, 1948  17 April 9, 1948  18 Date thereof (month) (day) (year)  Cemetery or crematory.				
Calvin, Pa.  18. Funeral director Verlet C. Leighton				
Address Oa	kland,	Md.		

(If outside city or town limits, write RURAL and give nearest town)

20. DATE OF DEATH April 5,	1948	7:45A
21. I CERTIFY that death occurred on the date above stated; the state of the state	at I attended decem	L S 19 46
and that I last eaw h	<u>u</u> ' 4	19.15
Immediate cause of death		DURATION
Chronic Myseade		Syn.
		***************************************
Due to		••••••
Dther conditions		*******
(include pregnancy within 8 months of de	ath)	
Major findings of operations		
	Dafe of op	

PHYSician: Please nuderline the cause to which death should be charged statistically.

(County)

Injured at work?

M. D. or other

22. VIOLENCE: If death was due to external causes, fill in the following:

(City or town)

Accident, suicide, or homicide.....

Injured at home, farm, Industry, public place (where?) ...

Where did injury occur? .....

Means of Injury

23. SIGNATURE

Address

Registrar

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			-
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) 0	F DECEASED: mother)
Rural Gor	man		miy Garrett
Cily or lown	limits, write RURAL and give nearest town)	Rurel Cormen	
How long in above place of death?	year <b>s</b>	City or town (if outside city or town limits	s, write RURAL and give nearest town)
Hospital, Institution, or street address when	re death occurred:	Street No. Mi. W. Gorma	nia, W. Va.
		(If rural, give	LOCATION)
How long in hospital or institution?		2.(a) If veteran, name war	
3. (a) FULL NAME			3. (b) Social Security Number
Sarah Elizabet	h Odgen		de de de
4. Sex 5. Color or race	S.(a)Singte, married, wtdowed, or divorced	MEDICAL CI	ERTIFICATION
Female White	Married	20. DATE OF DEATH April 23,	48 10:50A
6.(b) Name of husband or wife Lynn	E. Odgen	2t. I CERTIFY that death occurred on the date abo	ove stated; that I ettended deceased trom
		.19.	25 10 april 23 1948
		and that I lest saw home alive on	ril 18 1018
deceased (mo., day, yr.) Oct.	30, 1856	Immediate cause of death Cere	
8. AGE: Years Months	Days If less than one day		minima ( / week
91   5	25mln.	motor paralysis,	7 1
9 Rirthniace W. Va.			lisais + general 3 415-
(Tors	n. county, and state)	nirculatory failur	2 + 2 month
10. Usual occupation. House W	116	Due to aritaminosis as	wed as semiles 5 urs.
11 Industry or husiness Own Ho	me	Duc ton Annual Control of the Contro	
Alama I make a sala a	r Puffenburgar	Other conditions Some wally	would painful 2 915.
₹ 13. Birthplace W.	Va•	abdominal roudition -	Carringy of
	Simmons	Sigmond Colon &	months of death)
[5] IN	Va.	Major findings of aperations	
		-	Bate of op
Mrs. Mae C	***************************************	Antapsy results	1.1 1 d 3 d 1 L 1 - 1 - 2 - 2 - 2
Address R. D. Gorm	ania, W. Va.	PHYSICIAN: Please underline the cause to wi	
Burial	4/25/48	22. VIOLENCE: If death was due to external cau	
t7. (Burlal, cremation, or removal, Whice Fairvi	Date thereot (month) (day) (year)	Accident, suicide, or homicide	
Cometery or crematory	ew Cemetery	Whore did injury occur?(City or town)	(County) (State)
5 Mi. W. Go	rmania, W. Va.	Injured at home, farm, Industry, public place (w	
Location	- 6 V/ 8 // -	Meens of Injury	Injured at work?
18. Funeral director	1 Cheighton	//	2 m'n 4.
Address Uakland	, Maryland	23. SIGNATURE S/as ald C	Muller ono.
1-13 .608	Emon Chay		M. D. of other
(Date rec'd by registrar)	Registrar	Address SoloN AL	Date signed 4/28/41



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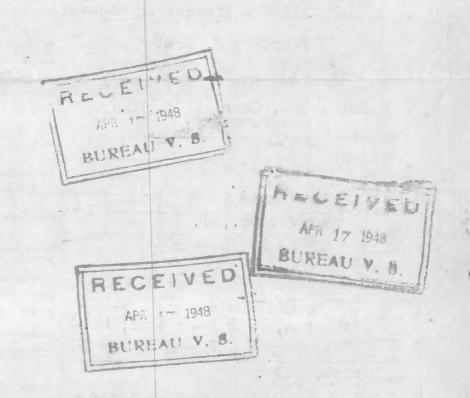
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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

488

	Reg. Dist. No.
1. PLACE OF DEATH: County Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Garrett
City or town Rural - Deer Park (If outside city of your Ests, write RURAL and give nearest to How long in above place of death?	own)  State Maryland County Garrett  Rural - Deer Park  (if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Eagle Rock	Street No. Eagle Rock (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Sarah Almeda Rodeheaver	3. (b) Social Security Number None
4. Sex Female White Divorced	MEDICAL CERTIFICATION  20, DATE OF DEATH APRIL 4 48 5P.
6.(b) Name of husband or wis William Frances Rodeh  75 7. Birth date of february 2, 1869 deceased (mo., day, yr.)	years and the Wast saw h K alive on A 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Year Months Days If less than one day	Immediate cause of death
9. Birthplace Bethlehem Gerrett Co., Md.  Housework and state)  10. Usual occupation Own Home  11. Industry or business	Due to.
12. Name Joshua A. Lipscomb W. Va.	Other conglions
Jane Harvey  14. Malden name	Major findings of operations
Harry R. Rodeheaver Deer Park, Md.	Autopsy results
Burial    Cametery or cremation or removal Which?   Date thereof April 7,1	Where did injury occur?
18. Funeral director Otha F. Sharpless  Address Blaine, W. Va.  19. Charles to by registrar)  (Date rec'd by registrar)	23. SIGNATURE.  Registrar  Address.  Address.



550 2411 N. Charles St., Baltimore

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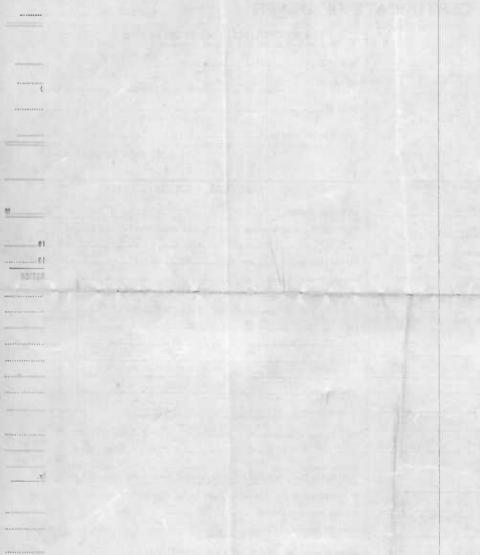
CERTIFICAT	E OF DEATH Reg. Dist. No.			
1. PLACE OF DEATH:  County Garrett  City or town. Frendsoile  City or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State			
3. (a) FULL NAME  Lulu Belle Swauger  4. Sex 1. 5. Epiper or race 1. 6. (a) Single, married Midowed, or divorced	3. (b) Social Security Number  MEDICAL CERTIFICATION			
Female White Married	20. DATE OF DEATH. April 25 19. 48 at 6:204M			
6.(b) Name of husband or wife William Edward Swauger  7. Birth date of deceased (mo., day, yr.) # pril 17, 1891  8. AGE: Years Months Days If less than one day  57 0 8 hrs. min.  9. Birthplace Panings Garrett Maryland  (Town, county, and state)  10. Usual occupation. Home Maryland  11. Industry or business  12. Rame George Hoover  13. Birthplace Jennings, Maryland  14. Malden name Eliza Ellen Bowers  15. Birthplace (Near) New Germany, Maryland	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  19. 10. 19. 10. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 15. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19			
2 15. Birthplace (Near) New Germany, Maryland  16. Informant Yelora V. Surauget  Address Jennings, Maryland  17. Burland  (Burial, cremation, or removal. Which?)  Cemefery or remation.  Grantsville, Maryland  18. Funeral director Alan Address Brantsville, Md.  19. Address Brantsville, Md.  19. April 25 19 48 Rathryn Fikken  (Deforce d by registrar)  Registrar	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The discount is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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County Garrett

2411 N. Charles St., Baltimore

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	Garre nestnut ide city or town lin death? eet address where d	Grove nite, write I Nat eath occurren	S WANTO NRFC URAL and give nearest town) Live.	StateMa: City or town Street No.S	ESIDENCE (HOME) 0 born lufants give residence of ryland. 60 Chestnut Gr (If outside city or town limits danto, (If rurat, give	ove. write RURAL F.D LOCATION)
4. Sex 5	. Color or race	6.(a)Singl	e, married, widowed, or divorced	1	MEDICAL CI	ERTIFICAT
Male	White		Widowed.	20, DATE OF DEAT	тн 4-20-1948	
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years		6.(	ane Tichnell.  (a) If alive, give age March  (b) 18 18 18 18 18 18 18 18 18 18 18 18 18	March and that I last sa Immediate cause	at death occurred on the date abo IO I948  19.0  wh im alive on Apri of death oncho Pneumo	pri‡8
9. Sirthplace	(Town, co	Cour bunty, and s Farme	The state of the s	Bue to	nfluenzia.	
12. Name	Moses To not Po not	know.				S .
16. Informant De	ella Tic estnut	hnell Grove	, Maryland.		ease underline the cause to wh	
Burial (Burial, cremation, or Cemetery or XXXXIII) Location Ches 18. Funeral director.	Tichne thut Gr. Jones S  2 18 48	ove,	Maryland.  Hedlord  edmont, W. Va.  Registrar	Accident, suicide, Where did Injury Injured at home, Means of Injury	It death was due to external cause, or homicide	(Count

Street No SWANTON, R.F.D (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Num MEDICAL CERTIFICATION 20. DATE OF DEATH 4-20-1948 at 6:30 19P. M. at 21. I CERTIFY that death occurred on the date above stated; that I attended deceased March Io I948 Immediate cause of death. Broncho Pneumonia Influenzia. Cardio Renal Dis Arterio Schlerosis. (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statis 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur? ...... (City or town) (County) Injured at home, farm, industry, public place (where?) .. Means of Injury Injured at work?

Topical exchilence colors

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